



Office of the Governor
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed. Please return the application to:
Office of the Governor, Attn: Katie Philpott, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr. (Mr)/Mrs./Ms. Kirkland, Kenneth Wayne
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

SC Commission on Higher Education

3] Your Current Address, City, Zip Code and County:

Your Congressional District: _____

407 Carriage Hill Rd
Greenville, SC 29681 Greenville County

4] Home Telephone: 864-987-0791 5] Office Telephone: 864-213-9100 6] Fax: 864-213-9914

7] Mobile Telephone: 864-906-5410 8] Email Address: ken@pic2001.com

9] Drivers License # 008102345 10] Social Security #: 251-33-6794

11] Voter Registration # 235573056 12] Date of Birth: 3/12/1962

13] Race: White 14] Sex: (Male) / Female

15] Level of Educational Background Completed:

Some High School _____

High School graduate or equivalence (G.E.D.) _____

Some College _____

College graduate 1985

Professional degree (please specify) _____

16] Present Employer Premier Insurance Consultants

Address 3900 S. Highway 14, Suite 1A, Greenville SC 29615

Current Position Principal / Owner

17] Years of residence in South Carolina: 53

18] Have you ever been arrested for a crime other than a minor traffic violation? No If so, give details.*

- 19] Have you filed state and federal income tax returns for the past five years? YES If not, give details.*
- 20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? NO If so, give details.*
- 21] Have you ever defaulted on any state or federal student loan? NO If so, give details.*
- 22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? NO
If so, give details.*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? NO
If so, give details.*
- 24] Have you ever served in the military? NO
Were you honorably discharged? _____ If not, give details.*
- 25] Have you ever been terminated from employment for cause? NO If so, give details.*
- 26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? NO If so, give details.*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? NO If so, give details.*
- 28] Have you ever been disciplined or fined by any professional or regulatory agency? NO If so, give details.*
- 29] Do you serve on any local or state board, commission, committee, or elected office? NO If so, list.*
- 30] Are you a registered lobbyist in the State of South Carolina? NO
- 31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? NO If so, give details.*
- 32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? NO If so, give details.*
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? NO If yes, give details.*

34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? NO If so, please identify *:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? NO If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? NO If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? NO If yes, please identify *:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] I, Kenneth W. Kirkland, agree that, if I am appointed to the SC Commission on Higher Education I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Kenneth W. Kirkland
Applicant's Signature

Sworn and subscribed before me this 30th day of December, Two Thousand and fifteen.

Stephanie A. Wilson
Notary Public for South Carolina

My commission expires 9/27/2023

SENATE CONFIRMATION
CONFIDENTIAL PERSONAL DATA QUESTIONNAIRE

NOTICE: The information requested herein is needed to assist the Senate in its screening of candidates. This document is made available to and used by the appropriate Committee of jurisdiction and is not made public. Since this questionnaire is the initial step in the appointment and confirmation process, it should be returned to the Governor's Office as soon as possible. Please use additional sheets as necessary to complete this document.

Office or Seat to which you are being appointed: SC Commission on Higher Education

1. NAME: Mr. Ms. Kenneth W. Kirkland

HOME ADDRESS: 407 Carriage Hill Rd, Simpsonville SC 29681

BUSINESS ADDRESS: 3900 S. Highway 14, Suite 1A, Greenville SC 29615

TELEPHONE NUMBER: (home): 864-987-0791
(office): 864-213-9100

RESIDE IN SENATE DISTRICT#: _____ CONGRESSIONAL DISTRICT#: _____

2. Date and Place of Birth: 3/12/1962 Social Security #: 251-33-6794
Aiken, SC

3. Are you a citizen of South Carolina? Have you been a resident of this state for at least the immediate past 5 years? Yes

4. SCDL# or SCHD#: 008102345 Voter Registration Number: _____

5. Family Status: Are you
single ();
married (X);
widowed (); or
divorced ()?

(a) If married, state the date of your marriage and your spouse's full name.
4/4/1987 Jennifer Carlton Kirkland

(b) If you have ever been divorced, state the date, name of the moving party, court, and grounds.
No

- (c) State the names of your children and their ages. If your children are old enough to work, include the occupation of each child.

Brittany C. Kirkland, 24, Marketing Consultant (Verizon)

Michael K. Kirkland, 21, Student (Lander University)

6. Have you ever served in the military? If so, give the dates, branch of service, highest rank attained, serial number, present status, and the character of your discharge or release.

No

7. List each college and graduate or professional school you attended, including the dates of your attendance, the degrees you received, and if you left an institution without receiving a degree, the reason for your departure.

University of South Carolina - Aiken
1980-1985

BS in Business Administration

8. List the states in which you have been licensed and/or admitted to a professional practice and the year of each license and/or admission. Also, list any states in which you took a professional license exam, but were never admitted to the practice. If you took an exam more than once in any of the states listed please indicate the number of times you took the exam in each state.

SC - Dept of Insurance 1994

9. List the significant activities in which you took part during your attendance at college, graduate, and/or professional school. Give the dates you were involved in these activities and list any leadership positions you held.

USC-Aiken Pacer Baseball Team - 1980-1984 - Captain 1984

10. Briefly describe any continuing education during the past five years.

Insurance licensing continuing education classes as required for state license.

11. List all published books and articles you have written and give citations and dates of publication for each.

None

12. If an attorney, list all courts in which you have been admitted to practice and list the dates of your admission. Give the same information for administrative bodies which require a special admission to practice.

None

13. Have you ever held public office? If so, list the periods of your service, the office or offices involved, and whether you were elected or appointed.

None

14. Have you ever been an unsuccessful candidate for elective, judicial, or other public office? If so, give details, including dates.

None

15. Since completing your education, list any occupation, business, or profession in which you have been engaged other than holding public office. Give details, including a description of your occupation, business, or profession, the dates of your employment, and the name of your business or employer.

1985 - 1993 NationsBank (B of A) - Commercial and retail banking manager
1993 - 1994 NBSC - City Banking Officer, Camden SC - Commercial Banker
1994 - 2001 Allstate - Insurance Agent, Captive Market
2001 - Present Premier Insurance Consultants, Insurance Agent, Independent Channel

16. Are you now an officer or director or involved in the management of any business enterprise? Explain the nature of the business, your duties, and the term of your service.

50% Partner in Premier Insurance Consultants. Operate and manage all facets of insurance agency.

17. Provide a complete, current financial net worth statement that itemizes in detail:

- a) the identity and value of all financial assets held, directly or indirectly, including, but not limited to, bank accounts, real estate, trusts, investments, and other financial holdings

See attached financial statement

- b) the identity and amount of each liability owed, directly or indirectly, which is in excess of \$1,000, including, but not limited to, debts, mortgages, loans, and other financial obligations.

See attached financial statement

A sample net worth statement is provided with this questionnaire for your convenience. You may use any other comparable form if it was prepared within the past six months.

18. Describe any financial arrangements or business relationships which you have, or have had in the past, that could constitute or result in a possible conflict of interest in the position you seek. Explain how you would resolve any potential conflict of interest.

None

19. Have you ever been arrested, charged, or held by federal, state, or other law enforcement authorities for violation or for suspicion of violation of any federal law or regulation, state law or regulation or county or municipal law, regulation or ordinance? If so give details but do not include traffic violations for which a fine of \$125 or less was imposed.

None

20. Have federal, state, or local authorities ever instituted a tax lien or other collection procedure against you? Have you ever defaulted on a student loan? Have you ever filed for bankruptcy? If so, give details.

None

21. Have you ever been sued, personally or professionally? If so, give details.

None

22. Have you ever been disciplined or sited for unprofessional conduct or a breach of ethics by any court, administrative agency, bar association, disciplinary committee, or other professional group? Have you ever been the subject of a formal complaint, or is there a complaint pending against you before such a group? If so, give the details and describe any final disposition.

None

23. Are you now or have you ever been employed as a "lobbyist," as defined by S.C. Code §2-17-10(14)? If so, give the dates of your employment or activity in such capacity and specify by whom you were directed or employed.

None

24. Since being notified of your possible appointment, have you accepted lodging, transportation, entertainment, food, meals, beverages, money, or any other thing of value as defined by S.C. Code §2-17-10(1) from a lobbyist or lobbyist's principal? If so, please specify the item or items you received, the date of receipt, and the lobbyist or lobbyist's principal involved.

No

25. Itemize (by amount, type, and date) all expenditures, other than those for travel and room and board, made by you, or on your behalf, in furtherance of your candidacy for the position you seek.

None

26. List the amount and recipient of all contributions made by you or on your behalf to the appointing authority or members of the General Assembly within six months of the filing of this questionnaire.

None

27. Have you directly or indirectly requested the pledge of any member of the General Assembly as to your confirmation for the position for which you are being appointed?

No

28. Have you requested a friend or colleague to contact members of the General Assembly on your behalf? If so, give details.

No

29. Have you or has anyone on your behalf solicited or collected funds to aid in the promotion of your candidacy? If so, please specify the amount, solicitor, donor, and date of the solicitation.

No

30. List all professional organizations of which you are a member and give the titles and dates of any offices you have held in such groups.

None

31. List all civic, charitable, educational, social, and fraternal organizations of which you are or have been a member during the past five years and include any offices held in such a group, any professional honors, awards, or other forms of recognition received and not listed elsewhere.

None

32. List any local, county or statewide board, commission, council or other body on which you currently serve which constitutes the holding of an office under the provisions of Article VI, Section 3 of the South Carolina Constitution, to wit:

No person may hold two offices of honor or profit at the same time. This limitation does not apply to officers in the militia, notaries public, members of lawfully and regularly organized fire departments, constables, or delegates to a constitutional convention.

None

33. Provide any other information which may reflect positively or negatively on your candidacy, or which you believe should be disclosed in connection with consideration of appointment to the position that you seek.

None

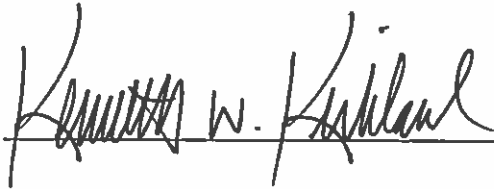
34. List the names, addresses and telephone numbers of five persons, including your banker, who will provide letters of reference. Letters should be *addressed* the South Carolina Senate and **must be mailed with your completed application to: Office of the Governor, ATTN: Katie Philpott, 1205 Pendleton Street, Columbia, SC 29201.**

- (a) S. Allan Hill Atty. , 819 East North St, Greenville SC 29601 864-242-4995
- (b) Randy Warrick , 471 University Pkwy , Aiken SC 29801 803-648-6851
- (c) Trey Werner , 106 West College St, Simpsonville SC 29681 864-963-3671
- (d) Tom Hallman , 471 University Pkwy Box 03, Aiken SC 29801 803-641-3777
- (e) Kevin Sims , 3900 S. Highway 14 Ste 1A, Greenville SC 29615 864-213-9100

YOUR SIGNATURE WILL BE HELD TO CONSTITUTE A WAIVER OF THE
CONFIDENTIALITY OF ANY PROCEEDING BEFORE ANY PROFESSIONAL GRIEVANCE
COMMITTEE OR ANY INFORMATION CONCERNING YOUR CREDIT.

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.

Date: 12/30/15

Signature:  Kenneth W. Highland

STATE ETHICS COMMISSION
STATEMENT OF ECONOMIC INTERESTS FORM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

THE STATEMENT OF ECONOMIC INTERESTS FORM IS TO BE FILED:

- (1) PRIOR TO TAKING THE OATH OF OFFICE OR ENTERING UPON THE RESPONSIBILITIES OF THE POSITION
- (2) CANDIDATES FILE AT THE TIME OF BECOMING A CANDIDATE
- (3) ANNUALLY, THEREAFTER, PRIOR TO APRIL 15

STATE SENATORS AND CANDIDATES FOR STATE SENATE

SENATE ETHICS COMMITTEE
P. O. Box 142
Columbia, SC 29202

STATE REPRESENTATIVES AND CANDIDATES FOR STATE REPRESENTATIVE

HOUSE ETHICS COMMITTEE
P. O. Box 11867
Columbia, SC 29211

ALL OTHER ELECTED OFFICIALS (including Probate Judges)
PUBLIC MEMBERS AND PUBLIC EMPLOYEES

STATE ETHICS COMMISSION
5000 Thurmond Mall, Suite 250
Columbia, SC 29201

CANDIDATES FOR PUBLIC OFFICE

NOTE: All Candidates must also file a
Campaign Disclosure Form.

With the party official or other
designated official authorized to receive
a notice of candidacy or petition to
appear on the election ballot

THE FOLLOWING DESIGNATED OFFICIALS, MEMBERS OR EMPLOYEES, BY WHATEVER TITLE:

1. A person appointed to fill the unexpired term of an elective office;
2. Employees of regulatory agencies who are associated with a regulated business;
3. A member of a state board, commission, or agency;
4. A compensated member of a local board, commission, or agency;
5. The chief administrative official or employee and deputy or assistant administrative official or employee or director of a division, institution, or facility of any agency or department of state government;
6. The city administrator, city manager, or chief municipal administrative official or employee, by whatever title;
7. The county manager, county administrator, county supervisor, or chief county administrative official or employee, by whatever title;
8. The chief administrative official or employee of each political subdivision including, but not limited to, school districts, libraries, regional councils, airport commissions, hospitals, community action agencies, water and sewer districts, and development commissions;
9. A school district and county superintendent of education;
10. A school district board member and a county board of education member;
11. The chief finance official or employee and the chief purchasing official or employee of each agency, institution, or facility of state government, and of each county, municipality, or other political subdivision including, but not limited to, those named in Item (7).
12. All Public Officials.

NOTE: KEEP A COPY OF THIS FORM FOR FOUR (4) YEARS.

**\$100 PER DAY PENALTY IF
FILED LATE**

STATEMENT OF ECONOMIC INTERESTS
GENERAL INSTRUCTIONS

ADDITIONAL INFORMATION - Candidates must provide the completed form to the election official, or other person designated to receive the declaration of candidacy or petition to appear on the election ballot. Within five (5) days after the filing books close, the election official must send an original and one copy, along with a candidate's roster, to the appropriate supervisory office. Upon receipt of the copies, the appropriate supervisory office will certify to the election official that the candidate has met the filing requirement and may properly have his name appear on the election ballot.

Annual reports must be filed with the appropriate supervisory office.

A copy of the completed form is provided by the supervisory office to the Clerk of Court in the county of the candidate's residence. In the Clerk of Court's office, as well as in the supervisory office, the filing becomes a matter of public record, open to public inspection upon request.

Faxed copies of this form will not be accepted. The originals must be received no later than 5:00 p.m. on the date of the established deadline.

Keep a copy of this form for four (4) years. A late filing penalty of **\$100 per day WILL** be assessed if the form is not received within five (5) days of the established deadline.

If more than one category in the filing information chart applies, a completed Statement of Economic Interests Form must be filed with each appropriate filing office.

Please type or print all responses. Incomplete or illegible statements may be returned for resubmission. Additional information concerning any section of this statement may be included by attaching supplemental sheets. Number and date all supplemental attachments. Each statement requires information to be reported for the prior calendar year, regardless of when the form is completed. All disclosure statements are a matter of public record, open to public inspection upon request.

CANDIDATES ONLY:

NOTE: ALL CANDIDATES MUST ALSO FILE A CAMPAIGN DISCLOSURE FORM.

A CAMPAIGN DISCLOSURE FORM MUST BE FILED AT LEAST FIFTEEN DAYS BEFORE EACH ELECTION, EVEN IF NO MONEY IS RAISED OR SPENT. AN INITIAL REPORT MUST ALSO BE FILED WITHIN TEN DAYS AFTER SPENDING OR RECEIVING \$500, EVEN IF THE MONEY PROVIDED IS SOLELY THE CANDIDATE'S OWN FUNDS. AFTER THE CANDIDATE FILES THE INITIAL FORM, A CAMPAIGN DISCLOSURE FORM MUST BE FILED WITHIN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. THE QUARTERLY REPORTS MUST BE FILED UNTIL A FINAL REPORT IS FILED (i.e., NO MONEY IN THE CAMPAIGN ACCOUNT AND NO UNPAID DEBTS).

IF THE REPORTS ARE NOT FILED OR IF THE FORMS ARE LATE, A LATE FILING PENALTY, OF \$100 PER DAY, WILL BE LEVIED.

ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.

INSTRUCTIONS FOR PAGE 1

SOCIAL SECURITY NUMBER - This information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

STATE ETHICS COMMISSION
STATEMENT OF ECONOMIC INTERESTS FORMName of Candidate or Filer: Last Name, First Name, Middle Initial Mr. ☒ Mrs. () Ms. ()

K I R K L A N D , K E N N E T H , W

Mailing Address:

4 0 7 C A R R I A G E H I L L R D

City:

S I M P S O N V I L L E

State:

S C

Zip:

2 9 6 8 1

Phone:

8 6 4 - 9 0 6 - 5 4 1 0

The following information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

Social Security Number:

2 5 1 . 3 3 . 6 7 9 4

NOTE:

PLEASE COMPLETE THIS ENTIRE REPORT IN **BLUE** OR **BLACK** INK, OR **TYPE**.**DO NOT USE PENCIL****KEEP A COPY FOR YOUR RECORDS****\$100 PER DAY PENALTY IF FILED LATE**

STATEMENT OF ECONOMIC INTERESTS
INSTRUCTIONS FOR PAGE 2

1. Indicate whether you have ever filed a Statement of Economic Interests Form: yes or no
2. NAME - Indicate your full name. If you are commonly known by some other name, please indicate the name or nickname.
3. COUNTY OF RESIDENCE - Identify the name of the county where you legally reside. A copy of this form will be provided to the Clerk of Court in the county of residence.
4. ADDRESS - Indicate your full mailing address.
5. PHONE - Indicate a daytime telephone number where you can be reached.
- 6 & 7 - STATUS - Current and sought - Enter as many status numbers as apply to all position(s) currently held or sought.
POSITION TITLE(S) AND AGENCY(S) - Identify the title of each position which you presently hold with public agencies in South Carolina at the time of filing. Incumbent officeholders indicate the name of the position and agency on line (a). If a second position is held, indicate that position and agency on line (b). Candidates indicate the name of the position and agency which is being sought.
TERM(S) OF OFFICE - Enter the month and year of both the beginning and ending dates of the term if you are presently elected. Enter the month and year of the beginning and ending of the term that you are seeking if you are a candidate for elective office. Complete both sections if you are both an elected official and a candidate, whether for the same or a different office.
8. DATE OF HIRE OR DATE OF APPOINTMENT - (Employees and Appointed Officials Only) - Indicate the month and year of hire or appointment by the agency(s) with which you are currently serving.
9. CANDIDATES ONLY: DATE FILED AS A CANDIDATE - Indicate the month, day, and year when you filed the declaration of candidacy or petition to appear on the election ballot.
10. ELECTION DATE - Indicate the month, day, and year of the primary, general, and/or other election for the office for which you are a candidate.
11. **A SEPARATE CAMPAIGN DISCLOSURE FORM MUST BE FILED BY ALL CANDIDATES WITHIN 10 DAYS AFTER SPENDING OR RECEIVING \$500, 15 DAYS PRIOR TO EACH ELECTION, AND 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.**

CERTIFICATION - Sign and date the form, verifying that the information that you have provided is true, complete and correct to the best of your knowledge.

NOTE: Items 13-21 must indicate a response. If the item applies, complete according to instructions. If the item does not apply to you, check the "None" block. If these items are not completed, the form will be returned for completion. All responses must be for the prior calendar year, regardless of when the form is completed.

E5A.1 STATE ETHICS COMMISSION-STATEMENT OF ECONOMIC INTERESTS FORM pg. 2 of 4
PRINT IN BLACK OR BLUE INK, OR TYPE (DO NOT USE PENCIL)

1. Have you previously filed this form? ☒ Yes ☐ No ☒

2. County of Residence: |G|R|E|E|N|V|I|L|L|E| | | | |

3. Name: (Last-First-Middle Initial) |K|I|R|K|L|A|N|D|, |K|E|N|N|E|T|H|, |W| | | |

4. Mailing Address: |4|0|7| |C|A|R|R|I|A|G|E| |H|I|L|L| |R|D| | | | |

City: |S|I|M|P|S|O|N|V|I|L|L|E| | | | | | | | | | State: |S|C|

Zip: |2|9|6|8|1| 5. Phone: |8|6|4| - |9|0|6| - |5|4|1|0|

	*Status	Position, Title, and Agency (If House or Senate, include District #)	Term of Office (mo/yr)
6. Current	_____	(a) _____	From _____ To _____
	_____	_____	From _____ To _____
7. Sought	_____	(b) _____	From _____ To _____

*Status: 1. Appointed 2. Candidate 3. Employee 4. Elected 5. Employee/Regulated Business Association

8. Date of Hire or Appointment (mo-yr): _____

CANDIDATES ONLY

9. Date filed as a candidate (mo/da/yr) _____

10. Election Date(s) (mo/da/yr) Primary _____ General _____ Special _____

11. **NOTE: ALL CANDIDATES MUST ALSO FILE A CAMPAIGN DISCLOSURE FORM. A CAMPAIGN DISCLOSURE FORM MUST BE FILED AT LEAST FIFTEEN DAYS BEFORE EACH ELECTION, EVEN IF NO MONEY IS RAISED OR SPENT. AN INITIAL REPORT MUST ALSO BE FILED WITHIN TEN DAYS AFTER SPENDING OR RECEIVING \$500, EVEN IF THE MONEY PROVIDED IS SOLELY THE CANDIDATE'S OWN FUNDS. AFTER THE CANDIDATE FILES THE INITIAL FORM, A CAMPAIGN DISCLOSURE FORM MUST BE FILED WITHIN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. THE QUARTERLY REPORTS MUST BE FILED UNTIL A FINAL REPORT IS FILED (i.e., NO MONEY IN THE CAMPAIGN ACCOUNT AND NO UNPAID DEBTS).**

IF THE REPORTS ARE NOT FILED OR IF THE FORMS ARE LATE, A LATE FILING PENALTY, OF \$100 PER DAY, WILL BE LEVIED.

ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.

12. **CERTIFICATION:** I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief. I understand that if this statement is not received within five (5) days of the deadline, a late filing penalty will be levied.

Date 12/30/15 Signature Kenneth W. Kirkland

FOR OFFICE USE ONLY:

☐ COMPLETE ☐ INCOMPLETE
☐ ENTERED ☐ SCANNED

FAXED COPIES WILL NOT BE ACCEPTED

The original must be received no later than 5:00 p.m. on the date of the established deadline.

NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.

**STATEMENT OF ECONOMIC INTERESTS
INSTRUCTIONS FOR PAGE 3**

13. INCOME AND BENEFITS - Indicate the source, type, amount and/or value of income received by you or a member of your immediate family from state and local agencies in South Carolina during the prior calendar year. Generally, this amount is the same as the gross amount reported on your W-2 form. Any benefits not available to all employees or officials must be disclosed. Source refers to the public agency providing the income, compensation, or benefit. Type indicates the nature of the income or benefit (i.e., compensation, use of publicly-owned vehicle, residence, travel allowance, insurance, etc.) The amount, when known, should be disclosed. An amount does not need to be disclosed concerning permanent assignment of a vehicle or residence. State retirement does not need to be disclosed.

14. REGULATED BUSINESS ASSOCIATION(S) - Employees of regulatory agencies associated with businesses regulated by the agency must indicate the name(s) of all such businesses and how they are associated with that business. Disclose how that business is regulated by the regulatory agency.

15. REAL OR PERSONAL PROPERTY INTERESTS - Real estate interests held by you or a member of your immediate family in South Carolina must be disclosed (a) if the interest can be reasonably expected to be a conflict of interest with your public position, (b) if there have been public improvements (i.e., addition of sidewalks, road paving, water and/or sewer service, etc.) of more than \$200 on this or adjoining property, or (c) if the property has been sold, leased, or rented to a state or local public agency in South Carolina. Describe the nature of the property (i.e., residence, farm acreage, beach house), its physical location, and its market value. Identify the nature of the potential conflict of interest. Describe the nature and value of any public improvements. Identify the agency(s) which purchased, leased, or rented property from you. A copy of the sales contract or lease or rental agreement must be attached to this form.

Identify any personal property sold, leased, or rented by you or a member of your immediate family to a state or local public agency in South Carolina. Identify the type of property and the name of the agency(s) involved in the transaction(s) as well as the amount of value of the transaction(s). A copy of the sale contract, lease, or rental agreement must be attached to this form.

16. BUSINESS INTERESTS - Identify every business or entity in which you or a member of your immediate family held or controlled, in the aggregate, securities or interests constituting five percent or more of the total issued and outstanding securities and interests which constitute a value of \$100,000 or more. Identify your relationship to that business (officer, stockholder of more than \$100,000).

SEC STATEMENT OF ECONOMIC INTERESTS

pg. 3 of 4

E5A.2

(ALL RESPONSES MUST BE FOR THE PRIOR CALENDAR YEARS)

13. INCOME AND BENEFITS FROM STATE AND LOCAL AGENCIES IN SOUTH CAROLINA (Check if none ☒)

Source	Type	Amount/Value

14. REGULATED BUSINESS ASSOCIATIONS (Check if none ☒)

Name of Business	Relationship	Source of Regulatory Involvement

15. REAL OR PERSONAL PROPERTY INTERESTS (Check if none ☒)

Description	Value	Location

Nature and Value of Improvements _____

Nature of Potential Conflict of Interest _____

Agency Purchasing, Leasing, or Renting the Property*

*A copy of the contract, lease, or rental agreement must be attached to this form.

16. BUSINESS INTERESTS (Check if none ☒)

Name of Business	Relationship

STATEMENT OF ECONOMIC INTERESTS
INSTRUCTIONS FOR PAGE 4

17. **CREDITORS** - List by name and address, each creditor to whom you or any member of your immediate family owed a debt in excess of \$500 at any time during the reporting period if the credit or loan is from some person which is regulated by the agency with which you are associated or from some person which is seeking a business or financial relationship with the agency with which you are associated. Disclose the original amount of the debt and the amount outstanding as of the end of the reporting period. Do not disclose amounts on credit cards or retail installment contracts. Also, do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution which loans money in the ordinary course of business and on terms and interest rates generally available to a member of the general public, without regard to status as a public official, public member, or public employee. Debt promised or loaned by a family member is not disclosed, if the person who promises or makes the loan is not acting as your agent or intermediary to a financial institution. Disclose the rate of interest charged on any reportable debt, the original amount and the outstanding balance.

18. **LOBBYISTS** - Identify the name and relationship of any lobbyist who is an immediate member of your family or an individual or business with which you or a member of your immediate family is associated. Identify any lobbyist or lobbyist's principal who has purchased goods or services of more than \$200 from you, a member of your immediate family, or an individual or business with which you are associated. Identify the type of goods or services purchased, the amount, from whom the material was purchased and your relationship to that person or business.

19. **GOVERNMENT CONTRACTS** - Identify each individual or business from which you receive compensation, if that individual or business also contracts with the governmental entity with which you serve or which employs you. Report the name and address of that individual or business and the amount of compensation paid to you by that individual or business. Identify further your relationship to that individual or business, the nature and amount of the contract, and the public agency involved in the contract.

20. **GIFTS** - The source and a brief description of any gifts, including transportation, lodging, food, or entertainment, received during the preceding calendar year from: (a) a person, if there is reason to believe the donor would not give the gift, gratuity, or favor but for your office or position; or (b) a person, or from an officer or director of a person, if you have reason to believe the person: (i) has or is seeking to obtain contractual or other business or financial relationship with your agency; or (ii) conducts operations or activities which are regulated by your agency if the value of the gift is \$25 or more in a day or if the value totals, in the aggregate, \$200 or more in a calendar year. Identify the type of gift, its value, as well as the donor and your relationship to that donor. Use this space to disclose travel expenses paid or reimbursed pursuant to Section 8-13-715.

21. **MEMBERS OF THE GENERAL ASSEMBLY AND CANDIDATES FOR THE GENERAL ASSEMBLY ONLY** - Identify any person represented for compensation, before any governmental entity by you, an individual with whom you are associated, or a business with which you are associated. Disclose the nature of the services rendered in such representation and the nature of any contacts made with governmental agencies regarding such representation. Fees earned for such representations must be fully disclosed. Matters of representation required by law or before courts in the unified judicial system do not require disclosure.

NOTE: You are not required to disclose economic interest information concerning:

- (1) a spouse separated from you by court order;
- (2) a former spouse;
- (3) a campaign contribution that is permitted and reported under Article 13; or
- (4) matters determined to require confidentiality pursuant to Section 2-17-90 (E).

SEC STATEMENT OF ECONOMIC INTERESTS

pg. 4 of 4

E5A.3

17. CREDITORS (Check if none ☒)

Name and Address of Creditor	Rate of Interest	Original Amount	Outstanding Amount

18. LOBBYISTS (Check if none ☒)

(a) Name of Lobbyist	Relationship or Association

(b) Name of Lobbyist	Goods/Service Purchased	Amount	Purchased From	Relationship

19. GOVERNMENT CONTRACTS (Check if none ☒)

Contractor Name and Address	Relationship	Nature of Business	Amount	Agency

20. GIFTS (Check if none ☒)

Nature of Gift	Value	Donor	Relationship

21. MEMBERS OF AND CANDIDATES FOR THE GENERAL ASSEMBLY ONLY (Check if none ☒)

Person Represented	Services Rendered	Nature Contact w/Gov. Agency	Fees Earned

CONTACT NUMBERS

For questions, call: 803/253-4192

or

**Visit the State Ethics Commission
or copy additional forms at:**

<http://www.state.sc.us/ethics>

State Ethics Commission Commissioners

Gregory P. Harris, Chairman
Kenneth C. Krawcheck, Member at Large, Vice-Chairman
Marvin Infinger, 1st District
Edward Duryea, 2nd District
John L. Cannon, 3rd District
Pete G. Diamaduros, 4th District
Duane G. Hansen, 5th District
Vacant, 6th District
Flynn T. Harrell, Member at Large

*Executive Director, Herbert R. Hayden, Jr.
Publication Editor, Marjorie A. DeLee*

The Palmetto Bank

Personal Financial Statement

YOU MAY APPLY FOR CREDIT INDIVIDUALLY OR WITH ANOTHER PARTY

If you are applying for credit jointly with someone other than your spouse each applicant must complete a separate Personal Financial Statement.

Complete this Financial Statement jointly with your spouse if 1) you are applying for joint credit, 2) you are relying upon your spouse's assets or income when requesting credit or 3) you are providing this Financial Statement to support previously extend

Transaction Type:



Individual Credit Request



Joint Credit Request

Applicant (A) Name:

Kenneth W. Kirkland

Date of Birth:

3/12/1962

Address:

407 Carriage Hill Rd
Simpsonville, SC 29681

Social Security No.:

251-33-6794

Phone:

864-906-5410

Email:

ken@pic2001.com

Applicant (B) Name:

Date of Birth:

Address:

Social Security No.:

Phone:

Email:

Personal Data	Yes*		No		Annual Income	
Applicant A or B	A	B	A	B	A	B
Are you a defendant in a pending or continuing lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wages	<u>60,000</u>
Do you have a will?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bonus	<u>148,157</u>
Are you obligated to pay child support or alimony?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Investments RIE	<u>87,708</u>
Are you a co-signer for someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Retirement	
Are all personal income taxes current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disability Income	
Other Income?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other	
Do you have any contingent liabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total	<u>\$ 295,865</u>

Alimony, Child Support or Separate Maintenance Income need not to be revealed unless you wish to have them considered as a basis for repaying the requested credit.

* Yes answers require separately detailed responses

☐ Check this box and attach your separately prepared statement or complete the balance sheet below

Assets		Liabilities	
Cash deposits in banks (Sch. 1)	<u>45,000</u>	Loans on Life Insurance	<u>—</u>
Cash surrender value of life insurance (Sch. 2)	\$ <u>—</u>	Loans on Vehicles, Boats & Equip. (Sch. 6)	\$ <u>—</u>
Notes and Accounts Receivable (Sch. 3)	\$ <u>—</u>	Real Estate Mortgages (Sch. 7)	\$ <u>985,000</u>
Marketable Stocks and Bonds (Sch. 4)	\$ <u>—</u>	Taxes Due	<u>—</u>
Partnerships Interests (Sch. 5)	\$ <u>1,094,885</u>	Credit Card Debt	<u>50,000</u>
Vehicles, Boats and Equipment (Sch. 6)	\$ <u>—</u>	Proprietorship Liabilities	<u>—</u>
Real Estate (Sch. 7)	\$ <u>1,715,000</u>	Partnership Liabilities (Sch. 4)	\$ <u>—</u>
Vested Interest in Retirement / 401K (Sch. 8)	\$ <u>30,000</u>	Other Loans / Pmts Due (Sch. 9)	\$ <u>—</u>
Personal Property	<u>150,000</u>	Other Liabilities	<u>—</u>
Other Assets			
		TOTAL LIABILITIES	\$ <u>1,035,000</u>
		NET WORTH	\$ <u>1,999,885</u>
TOTAL ASSETS	\$ <u>3,034,885</u>	TOTAL LIABILITIES & NET WORTH	\$ <u>3,034,885</u>

Please complete financial schedules on reverse side
Attach additional sheets, if necessary

Schedule 1: Depository Accounts

Name / Location of Financial Institution	Demand Deposits	Time Deposits	Are these accounts pledged?
Palmetto Bank	15,000		
South State Bank	30,000		
Total	\$ 45,000	- \$	-

Schedule 2 - Life Insurance

Name of Insured	Beneficiary	Face Amount	Cash Value	Policy Loans	Assigned to whom?
KK	Jennifer Kirkland	2,000,000	-	-	-
KK	Kevin Sims	1,000,000	-	-	-
Total		\$ 3,000,000	- \$	- \$	-

Schedule 3: Notes and Accounts Receivable

Name	Amount	Due Date
None		
Total	\$	-

Schedule 4: Marketable Securities

Security Name	# Shares	Registered To	Cost	Market Value
None				
Total			\$	- \$

Schedule 5: Partnership Interests

Name	Ownership %	Partnership Equity	Debt
Premier Insurance Consultants	50	1,014,885	
K-Squared Properties	50	see R/E Below	

Schedule 6: Vehicles, Boats and Equipment

Description	Value	Balance	Payment	Lender
None				
Total	\$	- \$	- \$	-

Schedule 7: Real Estate

Description	Value	Balance	Payment	Lender
401 Carriage Hill Rd - Res	565,000	350,000		Chase
2096 Woodmont Rd - Con	750,000	395,000		PBank
3900 S Highway 14 - Con	400,000	240,000		PBank
* 50% Interest				
Total	\$ 1,715,000	- \$ 985,000	- \$	-

Schedule 8: Vested Interest in Retirement and 401 (k) Plans

Plan Description/ Trustee	Value

Schedule 9: Other Loans / Payments Due

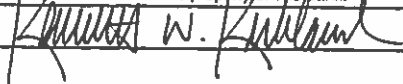
Lender	Account Number	Balance	Payment
Total		\$	- \$

Representations and Warranties

The information contained in this Personal Financial Statement is provided to induce The Palmetto Bank (hereafter "The Bank") to extend or continue to extend credit to the undersigned or others based upon the guaranty of the undersigned. The undersigned acknowledge and agree that The Bank is relying upon the information provided herein in its decision to grant or continue credit or to accept the guaranty of the undersigned. Each of the undersigned represents and warrants that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify The Bank in writing of any material change to any information provided, any change of address, or the impairment of any of the undersigned in their ability to repay any amounts owned to The Bank. Upon the default by the undersigned in notification, or if any information contained proves to be inaccurate, The Bank may confirm the accuracy of the information and determine the credit worthiness of the undersigned. The undersigned authorize any person or consumer credit reporting agency to give The Bank any information they have on the undersigned and authorizes The Bank to answer questions about the credit history of the undersigned.

The undersigned agrees to update this document annually unless requested to do so more frequently at The Bank's sole discretion. This Personal Financial Statement and all other financial data delivered to The Bank shall be the exclusive property of The Bank.

Signature



Date

12/1/15

Signature

Date



**PREMIER
INSURANCE
CONSULTANTS**

"Saving hundreds of people hundreds of dollars."

Auto ♦ Home ♦ Life ♦ Commercial

December 15, 2015

**South Carolina Senate
State House
Columbia, SC**

Dear Ladies and Gentlemen of the Senate,

I have had the pleasure of calling Ken Kirkland my good friend for more than twenty years. We were All State agents for nine years and have been business partners for the past fifteen years.

We have always had similar interest when it comes to social and sporting activities. We enjoy good food, golf, football and attending the ACC Basketball tournament. I consider him one of my closest friends.

I've had the privilege to watch Ken support his family and raise two wonderful children. He's always made sure he attends his children's activities and family vacations remain an integral part of his life. He's also very active in his church and a key member of the church orchestra.

Ken and I have been very fortunate to build a successful insurance agency and his hard work and input has been critical to our success.

Quality education has always been a high priority for Ken and I have no doubt that he will be a dedicated member of the S.C. Commission on Higher Education.

Please feel free to contact me if I can be of further assistance.

Sincerely,

**R. Kevin Sims
Agent/Owner
Premier Insurance Consultants**



3900 South Highway 14 • Suite 1A • Greenville, SC 29615
Phone 864.213.9100 • Toll free 800.317.9960 • Fax 864.213.9914
www.premierins.net





Thomas L. Hallman, Ph.D.
Distinguished Chancellor Emeritus

December 9, 2015

South Carolina Senate
State House
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate,

I have had the great fortune to know Kenneth Kirkland for more than thirty years, and I am delighted to learn that he is a candidate for appointment to the South Carolina Commission on Higher Education. I hope my comments will enhance your knowledge about him and assist you in coming to a great decision to support his appointment.

When I arrived at the University of South Carolina Aiken in 1983, he was one of those students that everyone knew. He was the epitome of what a Student Athlete should embody: working hard in the classroom and on the baseball field, getting involved in campus activities, and preparing himself to make a difference in his community after college. I had many occasions in those days (and since) to be with him and his parents, and it is clear that his values and genuineness come from a family that reflects those qualities and many more.

As a young alum, he continued to support the University in a number of ways through the Alumni Association, all the while building his private sector career. It was ultimately that business success that took him away from Aiken and on to several successive opportunities. We never lost touch, and I was able to follow and admire his entrepreneurial and civic accomplishments from afar.

Ken Kirkland is a solid person, a native South Carolinian, an engaged citizen, and a person who values both family and society. He is exactly the sort of candidate you should be seeking for this role, and I have no reservation in giving him my highest endorsement for your consideration. If additional information would be helpful, I hope you will not hesitate to contact me.

Sincerely,

Thomas L. Hallman
Distinguished Chancellor Emeritus



December 8, 2015

South Carolina Senate
State House
Columbia, SC

Re: Letter of reference for Kenneth W. Kirkland

Dear Ladies and Gentlemen of the Senate,

It is my pleasure to provide a letter of reference for Kenneth W. Kirkland (Ken) whom I have personally known for 10 plus years. On this level I have had the opportunity to socialize, interact, and play golf with Ken in a variety of settings, and Ken always acts in an appropriate manner and conducts himself with integrity.

In addition to knowing Ken on a personal level, I have had the opportunity to deal with him professionally as well. In my role as a commercial relationship manager with The Palmetto Bank, I have also seen Ken's integrity and his positive work ethics in his association with us. It has been my experience that Ken uses sound and quality judgment while making difficult business decisions. He also makes these decisions with thorough reasoning, while upholding high standards and logical rationale. These comments are supported by the fact Ken and his business entities have always handled their accounts with us as agreed upon and are valued clients of mine and The Palmetto Bank. In some capacity, Ken's banking relationship with me extends three plus years and with The Palmetto Bank twenty plus years.

Lastly, The Palmetto Bank and I value the existing business relationship with Ken and his business entities, and both would like to see this relationship continue to grow and strengthen. Also, I, personally, hold in high regard my friendship with Ken. I have no doubt Ken would be a valuable asset to the SC Commission on Higher Education, and I give my highest recommendation for his appointment. Please let me know if I can provide any further support or assistance with this.

Sincerely,

Trey Werner
Vice President
The Palmetto Bank
106 West College Street
Simpsonville, SC 29681
(864) 963-3671 phone
(864) 963-2864 fax
twerner@palmettobank.com

Pacers

UNIVERSITY OF SOUTH CAROLINA
AIKEN

471 University Parkway
Aiken, South Carolina 29801
(803) 648-6851
Fax (803) 641-3441

December 10, 2015

South Carolina Senate
State House
Columbia, SC

Dear Ladies and Gentlemen of the Senate,

My name is Randy Warrick and I am the Director of Athletics at the University of South Carolina Aiken. I am pleased to write this letter in support of Mr. Kenneth Kirkland who has been nominated for an appointment to the SC Commission on Higher Education. I have known Mr. Kirkland for over thirty five years and feel qualified to provide this letter of reference.

Mr. Kirkland was an outstanding baseball player at USC Aiken and graduated with a Business Administration degree. For the past twenty-one years, Mr. Kirkland has been a successful businessman and currently owns his own insurance company in the Greenville area. He has maintained his ties with USC Aiken by regularly attending University and alumni events as well as having served on the USC Aiken Alumni Council. He is also active in his hometown and has been involved with the Greenville Chamber of Commerce and other civic organizations there.

I can without question and hesitation say that Mr. Kirkland is an excellent businessman; great husband to his wife and father to his children; and a true friend. He has handled all of my insurance issues for a number of years and I trust him completely. He is an honest person with high integrity.

Mr. Kirkland is someone that will always work hard and make things better for those around him. His work ethic and dedication is second to none. He never hesitates to go beyond the call of duty to solve client's issues even at night or on weekends.

As you can probably tell, I think Mr. Kirkland is a special person who always tries to make a difference, and in my mind, that is a very important quality.

For the reasons noted above, I fully endorse Mr. Kenneth Kirkland for an appointment to the SC Commission on Higher Education. If I may offer further insight, please feel free to contact me directly.

Sincerely,



Randy Warrick
Director of Athletics
USC Aiken



S. ALLAN HILL

A PROFESSIONAL CORPORATION

Attorney / CPA

819 EAST NORTH STREET
GREENVILLE, SOUTH CAROLINA 29601
TELEPHONE: (864) 242-4995 FAX (864) 242-5500

December 17, 2015

South Carolina Senate
State House
Columbia, South Carolina

Re: Nomination of Kenneth W. Kirkland to SC Commission on Higher Education

Dear Ladies and Gentlemen of the Senate,

I am pleased to recommend Ken Kirkland to be appointed to the SC Commission on Higher Education. I have known Ken Kirkland for over 20 years and although I take care of his legal matters, I consider him a great friend rather than a client. He has proven to be an excellent businessman in whatever he has chosen to do over the years. He never meets a stranger and can always make a friend on the first meeting. He has the highest moral character and reputation that one would expect members of any state commission to have.

I am a licensed South Carolina attorney and CPA. In addition to working with various boards and commissions on behalf of clients, I have served on the Greenville County Library Board for the past 16 years. As a result of that experience, I know what type people work well and are valued members of boards and commissions. Ken Kirkland would be an asset on any board or commission that was fortunate enough to have him. His background in banking and insurance will surely be an asset, as will his ability to get along and make bridges between parties that differ.

I have no reservations in making this recommendation. I look forward to hearing great things with him on the Commission.

Please let me know if additional information is needed. Thank you for your time.

Sincere regards,



S. Allan Hill

/rlj